Maine Dept. of Health & Human Services Division of Environmental Health, 11 SHS SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION (207) 287-5672 FAX (207) 287-4172 >> CAUTION: LPI APPROVAL REQUIRED << PROPERTY LOCATION Permit #_ 1832 City, Town, Town/City LAMOINE or Plantation LAMOINE Date Permit Issued 4,19,17 Fee \$ 250,00 Double Fee Charged () Street or Road WALKER ROAD Subdivision, Lot# DEP PEE \$15.00 CONNER ON TOWN CONTROL State OWNER/APPLICANT INFORMATION Owner Name (last, first, MI) DOUG GOTT & SONS, INC. Applicant The Subsurface Wastewater Disposal System shall not be installed until a TIM GOTT, Mailing Address Permit is issued by the Local Plumbing Inspector. The Permit shall of DOUG GOTT & SONS, INC authorize the owner or installer to install the disposal system in accordance 110 BASS HARBOR ROAD Owner with the application and the Maine Subsurface Wastewater Disposal Rules. Applicant SOUTHWEST HARBOR, ME, 046-79 Municipal Tax Map # 4 Lot # 13-7 Daytime Tel. # (207) 244 - 7461 CAUTION: INSPECTION REQUIRED OWNER OR APPLICANT STATEMENT I have inspected the installation authorized above and found it to be in compliance I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plymoning Inspector to demy a samit. with Subsurface Wastewater Disposal Rules Application. (1st Date Approved) Date (2nd Date Approved) Signature of Owner or Applicant Local Plumbing Inspector Signature PERMIT INFORMATION DISPOSAL SYSTEM COMPONENT(S) THIS APPLICATION REQUIRES TYPE OF APPLICATION 1. No Rule Variance 1. Complete Non-engineered System 1. First Time System 2. Primitive System (graywater & alt. toilet) 2. First Time System Variance 2. Replacement System a. Local Plumbing Inspector Approval Cl 3. Alternative Toilet, specify: Type Replaced: b. State & Local Plumbing Inspector Approval 4. Non-engineered Treatment Tank (only) 3. Replacement System Variance [] 5. Holding Tank, __ __ gallons Year Installed: 6. Non-engineered Disposal Field (only) a. Local Plumbing Inspector Approval 3. Expanded System 7. Separated Laundry System b. State & Local Plumbing Inspector Approval a. Minor Expansion 8. Complete Engineered System(2000 gpd or more) 4. Minimum Lot Size Variance ■ b. Major Expansion [] 9. Engineered Treatment Tank (only) 5. Seasonal Conversion Permit 4. Experimental System [] 10. Engineered Disposal Field (only) DISPOSAL SYSTEM TO SERVE 5. Seasonal Conversion [] 11. Pre-treatment, specify: 1. Single Family Dwelling Unit, No. of Bedrooms: 3 SIZE OF PROPERTY [] 12. Miscellaneous components 2. Multiple Family Dwelling , No. of Units: sq. ft. TYPE OF WATER SUPPLY ☐ 3. Other: (SPECIFY) acres 1. Drilled Well 2. Dug Well 3. Private SHORELAND ZONING ☐ 5. Other: () 4. Public Current Use: Seasonal Year Round Undeveloped ☐ Yes DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) DESIGN FLOW 7/C) gallons per day GARBAGE DISPOSAL UNIT **DISPOSAL FIELD TYPE & SIZE** TREATMENT TANK BASED ON ☐ 1. Stone Bed [] 2. Stone Trench 4 1. Concrete 1. Table 4A (dwelling unit(s) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 3. Proprietary Device LO END FEED CONCRETE CHAMBER a. Regular If Yes or Maybe, specify one below: D b. Low Profile a. Multi-compartment Tank 🗖 a. Cluster Алгау 🖪 c. Linear 2. Plastic _Tanks in Series ☐ b. _ ☐ 3. Other: C. Increase in Tank Capacity 4. Other: d. Filter on Tank Outlet CAPACITY_1000 gallons SIZE 900 @ sq. ft. I lin. ft. EFFLUENT/EJECTOR PUMP SOIL DATA & DESIGN CLASS DISPOSAL FIELD SIZING 3. Section 4G (meter readings) ATTACH WATER METER DATA 1. Not Required PROFILE CONDITION ☐ 1. Medium - 2.6 sq. ft./gpd 2. May be Required LATTITUDE AND LONGITUDE at Center of Disposal Area Lat. 44 d 26 m 42 6 s N Lon. 68 d 16 m 50 s W 2. Medium-Large - 3.3 sq. ft./gpd 3. Required at Observation Hole # 3. Large - 4.1 sq. ft./gpd Specify only for engineered systems ■ 4. Extra Large - 5.0 sq. ft./gpd DOSE: gallons if g.p.s., state margin of error OF MOST LIMITING SOIL FACTOR SITE EVALUATOR STATEMENT (date) I completed a site evaluation on this property and state that the data reported are accurate and I certify that on 4-11-17 that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). 4-16-17 Site Evaluator Signature 319 Date SE# labelleseptic@rivah.net WILLIAM A. LaBELLE, JR. (207) 537 - 5900 Page 1 of 3 Telephone Number E-mail Address Site Evaluator Name Printed HHE-200 Rev. 08/2015 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION							Maine Dept. of Health & Human Services Division of Environmental Health, 11 SHS (207) 287-5672 FAX (207) 287-4172
							wner or Applicant Name
LAMOI	NE	SITE PLAN	ALKER	2 2			SITE LOCATION PLAN
	(SEE ATTACHE	O SITE PL	AN)	Scale 1" = <u>4</u>	C Ft.	(Attach map from Maine Atlas for First Time System Variance)
Observation Hole " Depth of o	organic horizon abo	Test Pit Borin	g	_	oservation Hole 3 " Depth of c	# 2 organic horizon a	Color Mottling
SAND SAND SAND SAND 40	FRIABLE.	BISOIN	J.E.,	DEPTH BELOW MINERAL SOIL SURFACE (inches) 00 01	SAND	FIRM	JELLOKIISH BROWN N.E.
Soil Class	Siffication Slope	Lirniting Factor SS Groun Company Company	CK	8 HLd30 40	Soil Class	ification Slope	Limiting Factor Ground Water Restrictive Layer Bedrock Depth Pit Depth
a	e Evaluator's Signat	2.6		9		6-17	Page 2 of 3 HHE-200 Rev. 08/2015

Town, City, Plantation

Street, Road, Subdivision

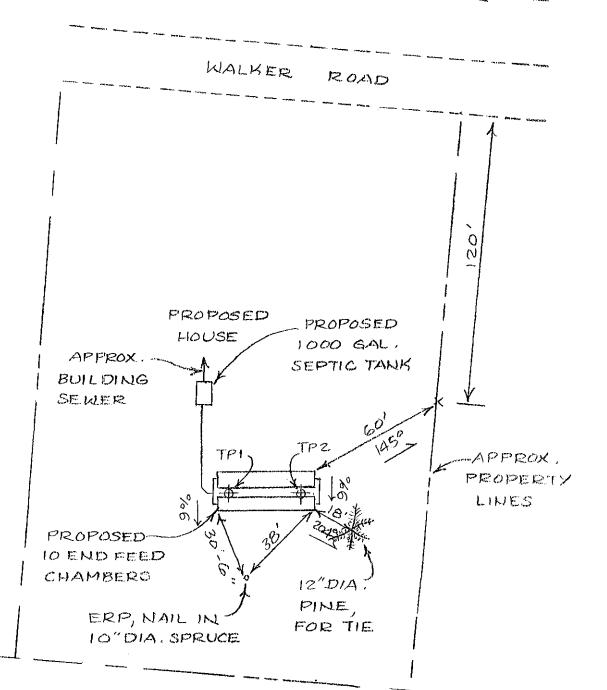
Owner or Applicant Name

DOUG GOTT & SONS, INC.

SITE PLAN:

SCALE: 1" = 40 FT.

MAGNETIC



Site Evaluator's Signature

319

4-16-17

